

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14674

1. Entity Name

SOCIETY OF FRANCISCAN FATHERS OF GREENE, MAINE,

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90038 007 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business FRANCISCAN MONASTERY P.O. BOX 980 KENNEBUNKPORT ME 04046-0980	Mailing Address FRANCISCAN MONASTERY P.O. BOX 980 KENNEBUNKPORT ME 04046-0980
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 22-2288242	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROPOLAS, STEPHEN
 555 68TH AVENUE
 ST. PETERSBURG BEACH FL 33706

7. Name and Address of New Registered Agent

Name **GRABNICKAS, ANTANAS**
 Street Address (P.O. Box Number is Not Acceptable)
555 68th Avenue
 City **ST. PETE BEACH** FL Zip Code **33706-2004**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Antanas Grabnickas* **ANTANAS GRABNICKAS** 04/14/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARIUS, PLACIDUS P.O. BOX 980 BEACH ST KENEBUNKPORT ME	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAKALYS, RAPHAEL P.O. BOX 980 BEACH ST KENEBUNKPORT ME	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROPOLAS, STEPHEN P.O. BOX 980 BEACH ST KENEBUNKPORT ME	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRABNICKAS, ANTANAS 555 68th AVENUE ST. PETE BEACH FL 33706-2004	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Antanas Grabnickas* **ANTANAS GRABNICKAS** 04/14/00 (727)3658836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)